| I<br>N   | Agency Name WINSTON-SALEM POLICE   |   |           |                                 |  |              |                  |   |                      | CIDENT/INVESTIGATION                        |     |  |         |               |                 | OCA 2439150                                      |          |                   |                           |            |  |  |
|----------|--|---|-----------|---------------------------------|--|--------------|------------------|---|----------------------|---|-----|--|---------|---------------|-----------------|--|----------|-------------------|---------------------------|------------|--|--|
| C        | ORI  | NC  | NC 034    |                                 |  | 1            |                  |   | RE                   | PC  | DRT |  |         | Date /<br>Mon | Time            | e Reporte<br>Day                                 | d S      |                   | FS                        |            |  |  |
| D<br>E   |  |   |           |                                 |  |              |                  |   |                      |   |     | 10   31   2024  04:42 Hrs.                     |         |               |                 |  |          |                   |                           |            |  |  |
| N        | #1   | #1   Crime Incident(s)  Breaking & Entering With Force  |           |                                 |  |              |                  |   | ☐ Att   At Found     |   |     |  |         |               |                 |  |          | Month Day Yr Time |                           |            |  |  |
| T        | #2   | Crime I   | ncident   | iking & Linerin                 | iii I orc  |              | _                | 10   31   2024   04.42   10   31   2024 |                      |   |     |  |         |               |                 |  |          |                   | Hrs.                      |            |  |  |
| D<br>A   | Vandalism ☐ Com 1311 N Patterson Av, Winston-salen   |   |           |                                 |  |              |                  |   |                      |   |     |  |         |               |                 |  |          |                   |                           |            |  |  |
| T<br>A   | #3   | Crime I   | ncident   |                                 |  | Att          | Premi            | se T                                    | ype                  |   |     |  | - 1     | Victim Re     |                 | • •  | Eomily   |                   |                           |            |  |  |
|          | How A  | Attacke   | d or Con  | nmitted                         | Ш  | Com Forcible |                  |   |                      |   |     | ☐ Single Family ☐ Multi Family  Weapon / Tools |         |               |                 |  |          |                   |                           |            |  |  |
| МО       | DATA OMITTED SATISFACE STATES SATISFACE SATISF |   |           |                                 |  |              |                  |   |                      |   |     |  |         |               |                 | 1  |          |                   |                           |            |  |  |
|          | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:  |   |           |                                 |  |              |                  |   |                      |   |     |  |         |               |                 | - 1  |          |                   |                           |            |  |  |
| V        | 1  |   |           | ciety  Governm ligious  L.E. Of |  |              | Financial Instit |   | nknow                | /n  | _   | Broken Bone<br>Internal 🔲                      |         | Severe        | Lacera<br>Other |  | - 1 -    | ∃ Yes<br>No No    | □ <sup>Unkn</sup><br>□N/A | ıown       |  |  |
| I        | Victim/Business Name (Last, First, Middle)   Victim of DOB / Age Ra  |   |           |                                 |  |              |                  |   |                      |   |     |  |         |               | Race            | <u> </u>   | Relation | ship              | Resident S                |            |  |  |
| C<br>T   | V1   |   | DA        | ΓΑ OMITTED                      |  |              |                  |   | Crime #              |   |     |  |         | To Offer      |                 | ☐ Reside ☐ Non-Re                                |          |                   |                           |            |  |  |
| I<br>M   |  |   |           |                                 |  |              |                  |   |                      |   |     | 1,2  |         |               |                 |  | 1RU      |                   | Unkno                     |            |  |  |
|          | Home   | Addre   | ess       |                                 |  | D            | DATA OMITTED     |   |                      |   |     |  |         |               |                 | Home Phone                                       |          |                   |                           |            |  |  |
|          | Employer Name/Address DATA OM  |   |           |                                 |  |              |                  |   |                      | TTED  |     |  |         |               |                 | Business Phone                                   |          |                   |                           |            |  |  |
|          | VYR  | Color Lic/Lis Vin   |           |                                 |  |              |                  |   | Vin                  |   |     |  |         |               |                 |  |          |                   |                           |            |  |  |
|          |  |   |           |                                 |  |              |                  |   |                      |   |     |  |         |               |                 |  |          |                   |                           |            |  |  |
| О        |  |   |           |                                 |  |              |                  |   |                      |   |     |  |         |               |                 |  |          |                   |                           |            |  |  |
| T        |  |   |           |                                 |  |              |                  |   |                      |   |     |  |         |               |                 |  |          |                   |                           |            |  |  |
| H<br>E   |  |   |           |                                 |  |              |                  |   |                      |   |     |  |         |               |                 |  |          |                   |                           |            |  |  |
| R<br>S   | R  |   |           |                                 |  |              |                  |   |                      |   |     |  |         |               |                 |  |          |                   |                           |            |  |  |
| J        | DATA OMITTED   |   |           |                                 |  |              |                  |   |                      |   |     |  |         |               |                 |  |          |                   |                           |            |  |  |
| I        |  |   |           |                                 |  |              | DAIF             | 1 (                                     | <i>J</i> 1V 1        | 111   | L.  | D  |         |               |                 |  |          |                   |                           |            |  |  |
| N<br>V   |  |   |           |                                 |  |              |                  |   |                      |   |     |  |         |               |                 |  |          |                   |                           |            |  |  |
| O        |  |   |           |                                 |  |              |                  |   |                      |   |     |  |         |               |                 |  |          |                   |                           |            |  |  |
| V        |  |   |           |                                 |  |              |                  |   |                      |   |     |  |         |               |                 |  |          |                   |                           |            |  |  |
| E<br>D   |  |   |           |                                 |  |              |                  |   |                      |   |     |  |         |               |                 |  |          |                   |                           |            |  |  |
|          |  |   |           |                                 |  |              |                  |   |                      |   |     |  |         |               |                 |  |          |                   |                           |            |  |  |
| Status   | s L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found   |   |           |                                 |  |              |                  |   |                      |   |     |  |         |               |                 |  |          |                   |                           |            |  |  |
| Codes    | (Chec<br>Victim  |   | column    | if recovered for other          | er jur   | isdiction)   |                  |   |                      |   |     |  |         |               |                 |  |          |                   |                           |            |  |  |
|          | # DCI Status Value OJ QTY  |   |           |                                 |  |              |                  |   | Property Description |   |     |  |         |               |                 | Make/Model Serial Number  PATA OMITTED           |          |                   |                           |            |  |  |
| -        | 1  | 19         7         1         LAUNDRY Ba           1         35         4         1         CEILING PA |           |                                 |  |              |                  |   |                      |   |     |  |         |               |                 | ERILITE/Laund DATA OMITTED  **ILING/Pannel** FOR |          |                   |                           |            |  |  |
| P ·<br>R | -  |   | <i>'</i>  |                                 |  |              | 02121110 1111    |   |                      |   |     |  |         |               | CEILL           | INFORMATION                                      |          |                   |                           |            |  |  |
|          |  |   |           |                                 |  |              |                  |   |                      |   |     |  |         |               |                 |  |          | ,                 | SECURITY                  | Y          |  |  |
| O .      |  |   |           |                                 |  |              |                  |   |                      |   |     |  |         |               |                 |  |          | ]                 | PURPOSE                   | S          |  |  |
| E -      |  |   |           |                                 | _  |              |                  |   |                      |   |     |  |         |               |                 |  |          | ONI               | LY THE FI                 | пст        |  |  |
| R<br>T   |  |   |           |                                 | $\dashv$   |              |                  |   |                      |   |     |  |         | +             |                 |  | T        |                   | E PROPE                   |            |  |  |
| Y ·      |  |   |           |                                 |  |              |                  |   |                      |   |     |  |         |               | ITEMS ARE       |  |          |                   |                           |            |  |  |
| •        |  |   |           |                                 |  |              |                  |   |                      |   |     |  |         |               |                 |  |          |                   | SPLAYED                   |            |  |  |
|          |  |   |           |                                 | _  |              |                  |   |                      |   |     |  |         |               |                 |  |          | P2                | C REPOR                   | TS         |  |  |
| -        | Numb   | er of V   | ehicles S | tolen 0                         | Nur  | nber Vehi    | cles Recovere    | d                                       | 0                    |   |     |  |         |               |                 |  |          |                   |                           | —          |  |  |
|          | Officer ID# Officer Signature Supervision  |   |           |                                 |  |              |                  |   |                      |   |     |  |         | sor Signature |                 |  |          |                   |                           |            |  |  |
| ID       |  |   | (16317)   | Case Statu                      | WILL   |              |                  |   |                      |   |     | IAMS, K. A. (15631)                            |         |               |                 |  |          |                   |                           |            |  |  |
|          | Further  |   |           |                                 |  |              |                  |   |                      | Case Disposition:  Unfounded Located Extrac |     |  |         |               |                 |  |          | dition Dec        | lined                     |            |  |  |
| Status   |  |   |           | /Clea                           | e Cleared by Arrest Refuse to Cooperate leared Cleared by Arrest by Another Agency |              |                  |   |                      |   |     | _  |         |               |                 |  |          |                   |                           |            |  |  |
|          |  |   |           |                                 |  |              | ☐ Closed         | /Lea                                    | ds Ex                | hausted                                     |     | Death o  | of Offe | ender 🗆       | 7 Prosec        | ution  | Decline  | 1 I               | Page 1                    | <i>i</i> 1 |  |  |